ity of Coventry

ANNUAL REPORT

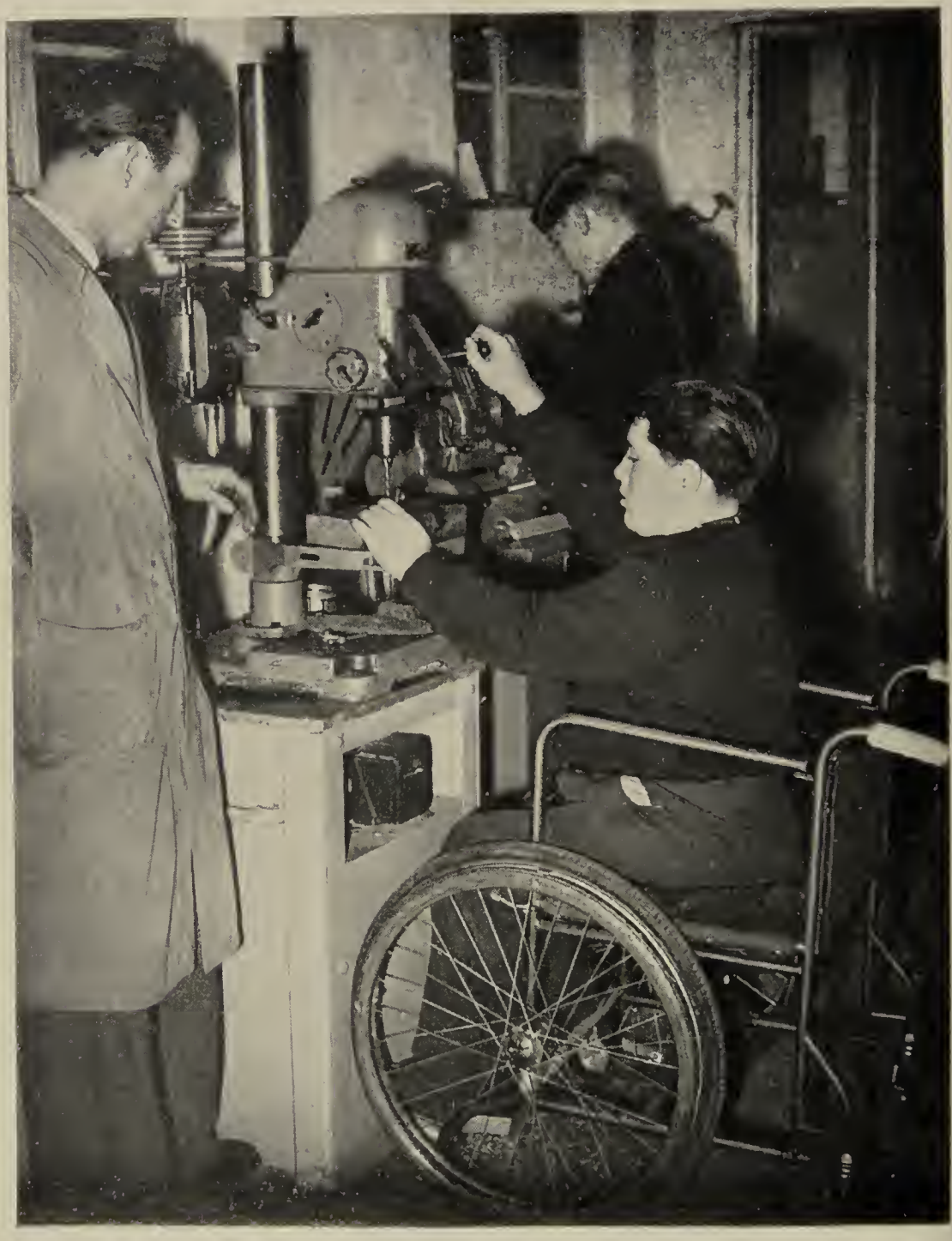
of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. Morrison Clayton, M.D., B.S., B.Hy., D.P.H.

The School Health Service

1956



Baginton Fields School—Practical Instruction

CITY OF COVENTRY

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON
M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1956

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE
as at 31st December, 1956

Chairman:—Councillor Mr. T. Meffen
Vice-Chairman:—Alderman H. H. K. Winslow
The Lord Mayor:—Alderman W. I. Thompson
Alderman Mrs. E. A. Allen
„ S. Stringer
Councillor Mr. J. D. Berry
„ Mr. W. Callow
„ Mrs. E. Jones
„ Mr. L. Lamb
„ Mr. R. Loosley
„ Mr. J. F. McDonnell
„ Mr. W. H. Smith
Co-opted Members:—Mr. G. H. Ison
Mrs. W. Jackson
Mr. J. Loar
Mrs. H. I. Saunders
Mr. C. A. Thompson
Director of Education:—Mr. W. L. Chinn, M.A.
Deputy Director of Education:—Mr. R. B. Sykes, M.A., L. ES. L.

SPECIAL SCHOOLS SUB-COMMITTEE
as at 31st December, 1956

Chairman:—Councillor Mrs. E. Jones
Vice-Chairman:—Councillor Mr. W. H. Smith
Alderman S. Stringer
„ H. H. K. Winslow
Councillor Mr. J. D. Berry
„ Mr. W. Callow
„ Mr. J. F. McDonnell
„ Mr. T. Meffen
Co-opted Members:—Mr. G. H. Ison
Mrs. W. Jackson
Mrs. H. I. Saunders

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer (and Medical Officer of Health)	T. M. Clayton, M.D., B.S., B.Hy., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health) . .	J. Ardley, M.B., B.S., D.P.H.
Senior School Medical Officer . .	M. M. R. Gaffney, M.B., D.P.H., B.Ch., B.A.O., D.C.H.
School Medical Officers and Assistant Medical Officers of Health	C. Glynn, M.R.C.S., L.R.C.P. C. T. Howat, M.B., Ch.B. V. P. Helme, M.B., Ch.B., M.R.C.O.G. C. J. T. Jamieson, M.R.C.S., L.R.C.P. C. Lydon, M.B., B.Ch. (Appointed October, 1956) M. S. Martin, M.B., Ch.B. G. M. Medlicott, M.B., B.Sc., Ch.B (Resigned December, 1956) J. B. M. Porter, L.R.C.P. P. C. Powell, M.B., Ch.B. B. Schulberg, L.R.C.P., D.P.H. (Resigned June, 1956)
Medical Officer, "Town Thorns" E.S.N. School	E. Killey, M.R.C.S., L.R.C.P. (Part-time)
Medical Officer, Wyre Farm Camp School	J. S. Jerome, M.A., B.M., Ch.B. (Part-time)
Pædiatric Specialist and Heart and Rheumatic Consultant . .	H. Parry Williams, F.R.C.P. (Part-time) (London)
Ear, Nose and Throat Surgeons	W. Ogilvy Reid, M.A., B.Sc., M.B., Ch.B., F.R.C.S. (Part-time) P. E. Roland, F.R.C.S., D.L.O. (Part-time)
Principal School Dental Officer	M. Raeside, L.D.S.
School Dental Officers	M. L. Hooker, L.D.S. J. A. Smith, L.D.S. D. H. Hooper, L.D.S. (Part-time). (Resigned August, 1956)
Superintendent Physiotherapist . .	Mrs. M. M. Halls, M.C.S.P. (Baginton Fields School)
Physiotherapist	Mrs. F. E. Howitt, M.C.S.P. (Baginton Fields School)
Remedial Gymnast	Mr. R. Peberdy (Baginton Fields School)
Speech Therapists	Miss B. Carr, L.C.S.T. Miss D. J. Williams, L.C.S.T. Mrs. P. Bell, L.C.S.T.
Chiropodists	Mr. A. T. E. Freke, M.Ch.S., M.R.I.P.H.H. (Part-time) Miss Leonard, M.Ch.S. (Part-time)
Superintendent Health Nurse . .	Miss M. D. Lloyd
Deputy Superintendent (School (Health)	Mrs. B. E. Mackie
Deputy Superintendent (M. and C.W.)	Miss K. L. Houlton

SCHOOL HEALTH SERVICE STAFF—cont.

Health Nurses	Miss M. E. Absolam (Resigned May, 1956) Miss G. M. Asher (Appointed October, 1956) Miss P. A. Batten (Appointed October, 1956) Miss M. G. Bridges (Appointed September, 1956) Mrs. B. T. Butler Mrs. A. O. Campbell Mrs. I. M. Campbell Miss A. M. Dalton (Appointed July, 1956) Mrs. L. M. Devlin (Resigned July, 1956) Mrs. M. K. Dunnicliffe Mrs. E. Dickinson Miss S. T. Deane Miss A. Docherty Mrs. E. Ellis Miss M. Engstenberg Miss E. Fraser Mrs. G. Foulsham Mrs. S. Gascoyne Mrs. M. George Mrs. E. A. Gore Mrs. B. Grainger Mrs. J. R. Hayward (Appointed November, 1956) Mrs. M. E. Harris Miss E. C. Harmsworth Mrs. E. M. Hale Mrs. C. Hammond Mrs. J. B. Houghton (Appointed April, 1956) Miss S. Howgill Mrs. E. M. Hurton (Appointed November, 1956. Temporary) Miss E. M. Hyndman (Resigned July, 1956) Mrs. J. M. Jelley Miss D. Jones Miss J. S. Lusty Mrs. N. Lever Mrs. M. Lewis Miss A. T. McKenzie Mrs. C. Meacham (Appointed November, 1956. Temporary) Mrs. G. M. Mather Mrs. L. Picken Mrs. M. J. Pye Miss M. E. Phillpot Mrs. S. M. Player Miss M. Ratcliffe Mrs. S. R. Shropshire Miss B. J. Sims (Appointed August, 1956)

SCHOOL HEALTH SERVICE STAFF—cont.

Health Nurses—*continued*	Miss E. M. Stidworthy Mrs. T. D. Simms Mrs. E. P. Talbot Miss B. W. Thomas Mrs. M. Thomas Mrs. P. O. Wilson Mrs. A. O. White Mrs. L. Wardle Mrs. E. M. Wickens (Resigned March, 1956) Mrs. M. Williams
Dental Nurse	Miss E. C. Batsford
Dental Attendants	Mrs. K. Cartwright Mrs. P. Luckman Mrs. B. L. Thomas Miss P. Parkin
Administrative Assistant ..	E. A. Moore
Deputy Chief Clerk	Miss E. Stephen
Shorthand Typists	Miss D. Bell Mrs. J. Willacy
Clerks	Miss K. Beasley Mrs. B. Bottrill Miss G. Close Miss A. Digby-Worsley (Appointed January, 1956) Mrs. K. Fletcher Mrs. D. Green Miss N. B. Griffin Miss P. Jacobs (Resigned August, 1956) Miss E. Townsend Miss H. Mould (Appointed August, 1956)

CITY OF COVENTRY

SCHOOL HEALTH SERVICE

1956 Annual Report

To the Right Worshipful the Lord Mayor, Aldermen and Councillors of the City of Coventry.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report upon the School Health Service in Coventry.

During 1956 the health of the school children has continued to be satisfactory. Since 1946 there has been an increase of over 22,000 in the school population in Coventry, and with the introduction of B.C.G. vaccination against tuberculosis, and the extension of full facilities for vaccination against poliomyelitis, it is anticipated that additional medical assistance will be needed to carry out future requirements. The amalgamation of the School Health Medical, Nursing and Administrative Services with the Maternity and Child Welfare counterpart has continued to work satisfactorily throughout the year: although at times it has been difficult to meet all our commitments through some shortage of medical officers. During the year there were two resignations of medical officers—one because of ill health and the other to take up work in general practice.

Routine Medical Inspections

The number of routine inspections increased slightly during the year, and these, together with special inspections and re-inspections, amounted to 15,553; the corresponding figure for 1955 was 14,775.

In accordance with the Ministry of Education Administrative Memorandum No. 514 (2.9.55), there has been a change in the classification of the General Condition of pupils examined; for instance pupils have previously been classified under three headings, *i.e.*, Category A—Good; Category B—Fair; Category C—Poor; now only two classifications are made *i.e.*, Satisfactory and Unsatisfactory.

Pupils of eight years of age are now seen as a matter of routine, which means that all pupils are medically examined four times during their attendance at school.

General Condition of Pupils

In 1956, 13,742 children out of a possible figure of 13,909 were placed in the satisfactory category, representing 98.799%. 167 pupils were considered to be unsatisfactory *i.e.*, 1.2%. In 1955, 9,612 children were placed in Category A, 69.7%, Category B showed 4,135. 30%, and Category C showed 41, .3%.

Infectious Diseases in Children of School Age

There were 114 cases of Scarlet Fever in 1956 (1955 – 194).

Poliomyelitis notifications amongst schoolchildren were relatively few in number, *i.e.*, 9.

There was the expected reduction in the incidence of measles: 1,805 notified in 1955 and 49 in 1956. This periodic variation, though extreme, is always anticipated and it is likely that in 1957 we will witness a further increase because immunity in the child population will have declined.

A somewhat disconcerting feature was the increased incidence in non-pulmonary tuberculosis, *i.e.*, 2 in 1955 and 10 in 1956.

The most worrying outbreak of infection was that due to dysentery, which reached an all-time record for the City of some 638 notified cases, compared with 67 in 1955.

At the end of the year notifications showed little signs of decreasing and the incidence in any particular school appeared to bear little relation to the age or condition of the building. Indeed one might reasonably have expected that certain older buildings with poor sanitation and ablution facilities might have been most affected, but this was not so, and one quite modern school was the most severely affected in the City area.

It should be remembered that although concentrated and continuing advice is given in relation to good hygienic standards to be practised within the schools, this does not of itself ensure a freedom from infection of this nature. A great deal too, depends upon the conscientiousness with which the problem is tackled by parents and relatives at home. The value of the extensive precautions invariably taken in schools is inevitably diminished if parents and relatives themselves do not ensure the highest standards of hygiene within their own homes. Every effort was made by appropriate departmental staff to keep the outbreak under strict control. We are very much in the hands of the general public in dealing with this condition because it is usually mild and of irritating nuisance value when affecting adults and older children. But in younger children and infants the disease can be serious and debilitating. It must be stressed therefore that we must rely upon the good sense of the public in seeking early advice and treatment from their general practitioners and of much greater importance in the final analysis, of practising good hygienic standards in the home. At the same time it would continue to be of the greatest possible help to my department, if all suspected cases of dysentery could be notified by general practitioners.

I am grateful for the helpful co-operation which has been given by head teachers and their staffs during this outbreak of dysentery and for their alertness in bringing particular cases and related events to notice so that they could be dealt with expeditiously.

As will be seen from the tables appended, the number of schoolchildren who contracted whooping cough in 1956 was almost double that in 1955, but although some cases were quite serious there were no deaths. The factor which causes greatest concern with this disease is a tendency in a proportion of cases to upper respiratory tract infections

for a prolonged period after the whooping cough itself has subsided. The disease is notorious for the adverse effect it has upon school attendance—quite often at the beginning of a child's school career when regular attendance at school is so important.

Contagious Diseases

The number of contagious diseases has been at a much lower level during the past few years, and there has been no case of scabies notified during the past year: in 1955, 2 cases only were reported. There was a decrease from 194 (1955) to 145 (1956) in impetiginous conditions. Ringworm of scalp and body was less (1955) 14, (1956) 7. Other skin diseases showed a decrease of eleven, *i.e.*, 185 (1955), 174 (1956). The total number of cases treated or under treatment for skin infection was 395 (1955) 326 (1956).

This favourable situation is much assisted because of the excellent liaison existing between the teachers and the health nursing staff, which is often the means of bringing such conditions as stated above quickly to attention for treatment.

SPECIAL SESSIONS AT THE CENTRAL SCHOOL CLINIC

Child Tuberculosis Contact Clinic

This clinic was established at Gulson Road to fulfil a very important need in 1950 and 1951 when severe shortage of medical staff meant that there was considerable waiting period between the detection of a case of pulmonary tuberculosis and the examination of the child contacts.

For the first year or so the clinic was extremely busy catering for children from birth to school leaving age.

With the increase in the staff at the Chest Clinic during the past few years attention to contacts going to the Quadrant has been expedited and attendances at our Child Contact Clinic at Gulson Road have gradually dwindled. It still performs a useful function, however, because it means that there is one alternative special clinic to which children can be referred.

Parents frequently volunteer the information to a medical officer at a routine medical inspection that they are concerned because their children have visited relations or neighbours whom they now know to have tuberculosis; they find the Gulson Clinic convenient to attend in order to set their minds at rest.

No active case of pulmonary tuberculosis was detected during the year, but a number of children were found by Mantoux test to be potentially susceptible, although without other signs or sypmtoms. These children are kept under observation for a varying period depending upon their general health and the possibility of further contact with tuberculous persons.

The Mantoux negative cases are referred to the B.C.G. clinic for clinical examination, and here the Consultant (Dr. A. Gordon Evans) is responsible for the supervision of the clinic.

There were 78 new cases and 157 re-appointments during the year—sessions are still being held but at less frequent intervals.

Chiropody

The waiting list for treatment at this clinic grows apace. A major problem appears to be caused by verrucae (warts) on the soles of the feet. Previously there was reason for thinking that cases occurring particularly among senior schoolchildren were due to infection contracted from the floors surrounding swimming baths and in the changing rooms. More latterly, however, we have noted a distinct increase in the number of junior age schoolchildren affected, many of whom do not frequent baths.

Warts are contagious and have a considerable nuisance value. They can be quite unpleasant particularly if they appear in multiple form on the sole of a child's foot, and indeed they can be painful to the extent of interfering with normal activity.

Meanwhile the relationship between outbreaks of this sort and bare foot exercises at school is still under consideration. Discussions tend to show that there is a wide divergence of opinion as to whether this is a common mode of transmission.

Two part-time chiropodists undertake at least three sessions a week dealing with work of this nature, and their report appears later.

Ear, Nose and Throat Sessions

A consultant session is held weekly by Mr. Roland, and usually one monthly also by Mr. Ogilvy Reid.

The lengthy waiting lists for consultations and operations of previous years have now dwindled to negligible proportions and there is no apparent problem.

Reports on this work by Mr. Roland and Mr. Ogilvy Reid respectively appear elsewhere herein.

Heart and Rheumatic Clinic

Dr. Parry Williams attends this clinic every fortnight and additional sessions if necessary. I need hardly reiterate how useful this clinic is to the School Health Service, providing as it does expert advice upon the day to day activities necessary for children with congenital and acquired heart complaints.

Speech Therapy

There is a long waiting list for speech therapy and our three speech therapists are kept busy. Miss Carr works full time at the Central School Clinic, whilst Mrs. Bell carries out sessional work at outlying clinics and also at Town Thorns Residential School. Miss Williams does nine and a half sessions per week at Baginton Fields School and one at Alice Stevens School.

There is a close liaison between the Central Speech Therapy Clinic and the Child Guidance Centre; many children with speech defects attend at both.

SPECIAL SESSIONS AT CLINICS AND HOSPITALS

Child Guidance Centre

The Child Guidance Centre at Gulson Road continues with its good work. The waiting lists for appointments are still growing and are causing some concern to the staff. The accommodation also is completely inadequate.

The Consultant Psychiatrist attends the centre and carries out two sessions each week. His senior registrar and second registrar attend for additional sessions when possible. The Birmingham Regional Hospital Board has agreed to appoint a child psychiatrist for Coventry with a maximum of eight sessions per week, but at the time of writing approval has not been received from the Minister of Health. Dr. Gillman, Consultant Psychiatrist, Regional Hospital Board, and Mrs. Hedges, Educational Psychologist, report elsewhere upon the work conducted within this centre.

Ophthalmic and Orthoptic Services

These are available at the Out-Patients' Department of the Coventry and Warwickshire Hospital. The School Health Department is responsible in part for the referral of children with visual defects to the hospital and also for the ascertainment of such of those children as may need special education. In addition the School Health Service is responsible for the repair and replacement of spectacles under certain conditions.

One must again draw attention to the apparent lack of interest on the part of some parents who, seemingly, fail to encourage their children constantly to wear spectacles which have been prescribed for them. This is a pity from the child's point of view and is also frustrating in view of the expense and the care taken to test eyesight.

From time to time the Local Education Authority has been obliged to consider the advisability of repairing or replacing spectacles, particularly when applications may have been acceded to as often as six to eight times a year for the same child: which is surely inconsiderate of the parents concerned to say the least.

Orthopædic Clinic

All cases are referred to the Orthopædic Consultant, Mr. J. H. Penrose, at the Regional Hospital Board's Clinic, Holyhead Road. A detailed weekly report is sent to us concerning all children seen and the proposed treatment or action to be taken as indicated. A list of orthopædic defects seen at the clinic during 1956 will be found later in this report.

Anti-Tuberculosis Campaign

I indicated in my previous report that a pilot scheme for B.C.G. vaccination was arranged during 1955, in which 1,000 children voluntarily participated. The children were Mantoux tested and the negative reactors were given B.C.G. vaccination. During 1956, all parents of children over 13 years of age and under 14 years of age were

approached and given the opportunity to allow their children to take part in the scheme in accordance with the Ministry of Health Circular 22/53.

This particular age group was chosen to enable the greater majority of children therein to be vaccinated during their penultimate year at school, and so to leave school with such protection as the vaccine afforded. It will be recalled that this Authority co-operated with the Medical Research Council during 1950 and 1952 in connection with their Anti-tuberculosis Campaign and all children who were vaccinated at that time have been kept under observation. The first report submitted by the Medical Research Council Committee in connection with tuberculosis vaccination has now been published, and it shows that vaccination offers a substantial degree of protection when given to those children of this age group who are shortly due to leave school. The scheme, however, excludes children known to be in contact with tuberculous persons because vaccination is offered to such children irrespective of their age.

The following table shows the numbers of acceptances, Mantoux positive and negative reactors, and also the number of children who were given B.C.G. vaccination:—

Acceptances	*Mantoux Positive*	*Mantoux Negative*	*Given B.C.G.*
2,812	647	1,823	1,815

Mass Radiography Survey of Teaching Staff and School Leavers

During February arrangements were made with Dr. Gordon Evans, Physican in Charge of the Mass Radiography Unit, to undertake a Mass Radiography Survey of teachers and children of 14+ years of age.

All teachers and children in the age group were given the opportunity to take part in the scheme. Two centres were used—Longford Park Branch Clinic and the Central School Clinic, Gulson Road. The response received from the children was most encouraging (3,721 children were x-rayed), but I regret to report that the response from the teachers was again most disappointing (only 24 teachers availed themselves of the opportunity).

The importance of chest x-ray examinations cannot be over-stressed and I would appeal to teachers particularly, and indeed all staff whose duties bring them in close contact with children, that they regularly take advantage of the Mass Radiography facilities which are made available free of charge by the Birmingham Regional Hospital Board.

The apparatus used makes it possible to x-ray large numbers of people in a short space of time and is a means of detecting tuberculosis and other chest diseases. Surveys of this kind during the year have shown that abnormal chest conditions amongst school children are relatively few in number. Only three new cases of suspected pulmonary tuberculosis were discovered. 133 cases were referred for large films and of these 10 cases were referred to the Chest Clinic for further investigation, and 6 cases were referred to their family doctors.

Handicapped Pupils

With the exception of educationally sub-normal pupils, all other categories as laid down in the School Health Service and Handicapped Pupils Regulations, 1953, are well catered for in Coventry.

The Special schools available to us are a mixed residential open air school which up to this year has catered for approximately 70 pupils; a mixed residential school of 60 places for educationally subnormal children (10—16 years) and a residential hostel for maladjusted children with accommodation for a total of 16 boys and girls. In addition there is a large day school for 180—200 educationally subnormal boys and girls; a day school for physically handicapped pupils having 170 places, including two classes with approximately 12 in each for partially sighted pupils.

A second day school for educationally subnormal boys and girls with approximately 80 places is planned for September, 1957.

A class for partially deaf children is attached to the primary school at Spon Gate under the headship of Miss Dooley: there is a specially trained teacher for the deaf in charge of the class. Appropriate hearing equipment has been installed and the classroom has been specifically adapted for the teaching of deaf children whose ages range from 5 to 8 years. Next year it is hoped that a second class will be established if a definite need is shown and it may then be timely to comment further in my next annual report.

Blind and Partially Sighted

There are no children in either of these categories awaiting placement and the numbers ascertained during the year were much the same as in 1955.

Deaf and Partially Deaf

Two deaf and nine partially deaf were ascertained during the year. There are no deaf children awaiting placement, although there are a number of partially deaf children who with the use of hearing aids are suitable for education in an ordinary school.

Educationally Subnormal

The early ascertainment of these children is now being achieved and children are referred from Pædiatric Consultants, Teachers, Psychologists, and from routine and special medical inspections at schools; also from the Education Special Services Department, and by the Courts. We have the usual waiting list for ascertainment and 128 were awaiting placement at the end of 1956. It is very disheartening for all concerned, but there are encouraging signs in that the Local Education Authority plans to open another day school for educationally subnormal children in September, 1957. These children constitute a real problem and it is rare to find an uncomplicated case of educational retardation: it is more likely to be accompanied by behaviour disorders, social inadequacy or delinquency. In addition a variety of physical defects of one kind or another are commonplace.

Epileptic Children

It is probable that there are very many epileptic children in the community, who have not come to our notice. By far the greater number of those known to the Department appear to suffer from the minor (petit mal) form of the disease, which though not causing such physical disturbance as major epilepsy does tend, particularly if uncontrolled, to interfere with the child's school career. Happily under treatment these children tend to improve and therefore much depends upon the parents to ensure that the child's condition is quickly brought to notice.

Having had several of these children in stable surroundings and under sympathetic routine supervision in a residential school, it is our experience that all such cases tend to improve considerably.

Four children with major epilepsy were ascertained as in need of special school treatment during 1956, and the remaining children with major epilepsy manage quite well in ordinary schools under appropriate medication.

Maladjusted

I am of opinion, because of the increasing numbers of children now suffering from emotional and behaviour disorders and various degrees of maladjustment, that preventive medicine will need to amend its approach to this particular problem.

Up to the last war, physical defects were predominent—malnutrition and the results of physical deprivation were probably the main worries of the Health Nurse and School Medical Officer. Now, however, the emphasis has changed and parents are increasingly advised upon certain problems which tend to affect the emotional security and mental health of their children. Propaganda and vastly improved social conditions have almost entirely eliminated the deleterious effects upon children of underfeeding and indeed of being poorly clad. But there still remains a problem even more difficult of solution.

If a child has a stable and secure background both at home and at school, then his ability to conform with social requirements is assisted because he is happy. But if the child is deprived of love and affection then there can be no real security for him—nothing, so to speak, "to hold on to", and thereby support him in his emotional difficulties.

In Coventry this type of problem is apparently growing and the report on the work of the Child Guidance Service, which follows later herein, will help to give some idea of the extent of work urgently needing to be done in this direction. Unlike the work at those clinics dealing with physical disabilities, the success or ortherwise of the Child Guidance Centre will not readily be assessed for several years to come.

Physically Handicapped

Since Coventry has had its own day accommodation for physically handicapped children, practically no problem exists as to their appropriate disposal. There are 170 places at the day school and little difficulty is found in obtaining vacancies for the few children who are recommended for residential treatment. Children suffering from multiple handicaps will inevitably present particular problems.

It is satisfactory to know that in Coventry a rigid system of ascertainment is not in force, and this is especially the case with our physically handicapped children. We all know, for instance, that a pre-school child with cerebral inadequacy may well present a seemingly hopeless proposition from an educational point of view, but in our experience this is often not so, and they tend to improve in many respects if given a trial, which should not be less than two years, and indeed the pitfalls associated with severely cerebral palsied children are surely now well known.

Types of physical handicaps found in Coventry children range from rare nervous conditions to congenital heart and rheumatic afflictions, bone and joint diseases, muscle wasting, chronic lung conditions, and rare congenital abnormalities affecting many parts of the body. There are also the handicaps originating from paralytic poliomyelitis whether mild or severe, down to those resulting from chronic bronchitis: when the latter is of frequent recurrence then the child tends to acquire persistent handicap from it. In addition these children may suffer from educational subnormality, emotional or behaviour disorders, fits and many other types of disability.

At the day school here we tend to have a picture which extends pretty well over the entire range of physical handicap, and it therefore gives an indication of the manifold problems which are presented in the ordinary day to day work at Baginton Fields School.

During 1956, 26 children were ascertained as physically handicapped.

Delicate Children

The transference of emphasis from physical to emotional ailments has been very noticeable in this category of children during the past few years. Though their physical condition obviously attracts the attention of teachers, nurses and medical officers, it is often found on investigation that this is secondary to emotional and behaviour disorders: maybe of a mild nature which leads the child, for example, to have food fads, or persistent bed-wetting tendencies and may help to keep the weight well below normal.

In Coventry 148 children were ascertained as needing residential open air treatment in 1956. Those senior boys and girls who were chiefly suffering from asthma were accommodated at schools elsewhere, usually in the south of England. Little difficulty is experienced in getting these older children placed, but naturally we will be very glad when our own school becomes available.

Diabetes

Children ascertained in this category are normally accommodated in ordinary schools. One girl has been sent to a residential hostel.

Speech Defects

Children are attending various schools and have therapy depending on the extent of their handicap and no child is in a residential school catering for speech defects only at the moment.

In conclusion I wish to express my thanks to the appropriate members of my staff and to the Consultants who carry out clinic sessions at certain of our clinics and schools.

To the Director of Education and his administrative staff and also to all head teachers throughout the city, I would extend my thanks for their co-operation during a busy year.

My sincere thanks are given to all members of the School Health Service staff for their loyal co-operation and assistance during 1956, and my added appreciation is due to Dr. M. M. R. Gaffney and Mr. E. A. Moore, for their helpful assistance in compiling this report.

To the Chairman and members of the Special Services Sub-Committee, and the Special Schools Sub-Committee, I extend my gratitude and that of my staff for their consideration and helpfulness during the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

Principal School Medical Officer.

School Population, Accommodation, Attendances

At December, 1956, there were 99 Primary and Secondary Schools (including Wyre Farm School) under the control of the Local Education Authority, viz:—

69 Primary and all-age schools with 97 departmcnts.
15 Secondary Modern Schools with 22 departments
4 Secondary Selective Schools
6 Comprehensive Schools.
5 Special Schools.

The Primary, Secondary and Special Schools are divided as follows:—

74 County Schools with 108 departments.
12 Voluntary C.E. Schools with 12 departments.
13 Voluntary R.C. Schools with 14 departments.

Number of children on registers, January, 1956	46,384
Number of children on registers, December, 1956	47,609
Average Percentage attendances	92.81
Number of children attending Independent and Private schools	2,668
Estimated total population of the City of Coventry	267,300

Baginton Fields School

The Senior School Medical Officer, Dr. M. M. R. Gaffney, reports as follows:—

Accommodation at Baginton is showing signs of strain. The school has not been established long enough for a steady, if small, stream of permanently handicapped children to go in at 5 and leave at 16 years, there are therefore some "bulges" in the age groups which may be rectified in time. We have a waiting list of children just under 5 years, a group which will be catered for in the new nursery unit due to open late in 1957. A very co-operative atmosphere prevails throughout the school, thanks to the efforts of Mr. Bowstead, Head Teacher, and his staff. Further details concerning the treatment of these children are available later in this report.

The staff at the school consists of teachers, orderlies, three physiotherapists, one orthopædic nurse who is also an orderly, one speech therapist, one state registered nurse (now full time), one remedial gymnast and a full time skilled carpenter, who, with the kind cooperation of the woodwork master, Mr. Stringer, and others concerned, is responsible for constructing, adapting and repairing specialized furniture.

All manner of physical handicaps are dealt with and there seems to be a high complement of extremely disabled children: more than is perhaps usual in a day school.

The Senior School Medical Officer is responsible for the day to day medical liaison and the Educational Psychologist is also a frequent visitor.

The school now caters for 146 physically handicapped and 24 partially sighted children including a number of children who are educationally subnormal as a secondary handicap. Daily attendance at

the school is remarkably good and this is fortunate in view of the many frequent interruptions to the school routine necessitated by medical treatment.

Co-operation is a word much used these last few years—I feel that at Baginton co-operation between all medical, teaching, and other personnel is as satisfactory as is possible to achieve. Practically all children here have medical therapy of some kind and this all takes place under the same roof as the educational therapy—thereby producing the best all round results in the shortest time possible.

We are indeed grateful to Dr. H. Parry Williams, Pædiatric Consultant, and to Mr. J. H. Penrose, Orthopædic Surgeon, for their unfailing interest in the work of the school and the encouragement and the deep personal interest shown by them, at all times, in our problems, however small. Mr. Bowstead, Headmaster, joins me in thanking them both.

Mrs. M. M. Halls, Senior Physiotherapist, reports as follows:—

I have much pleasure in presenting the following report on treatment and progress of children at Baginton Fields School receiving treatment within the Physiotherapy Department.

Mrs. Howitt gives 152 treatments per week if all children ordered treatment are at school.

These include Bronchiectasis cases, girls who come to the department three times daily, in the morning, before mid-day lunch and again in the late afternoon before leaving school—in order to receive treatment in accordance with their condition. Another child received treatment four times a day as he had an orthopædic condition accompanying that of Bronchiectasis.

Mrs. Howitt also treats post poliomyelitis cases who attend the department twice a week for treatment.

Mr. Peberdy, the Remedial Gymnast, follows the same plan with boys of the above conditions and the heavy rehabilitation cases, of which we have quite a number, including adolescent spastic conditions. He covers 148 treatments when all children ordered treatment are present in the school.

Mrs. Jones, who is responsible for orthopædic maintenance, covers 23 supervision cases, which means washing and cleaning of block leathers of Tuberculous (surgical) conditions, maintenance of all splintage for post polio cases and supervision of all special chairs. In addition to this, the Herculean task of an orderly is also included.

Mrs. Thomas and myself are responsible for the treatment on neuro-physiological lines, of all cerebral palsied children. This includes 60 treatments a week when all children are present, ranging from an hour to twenty minutes per child, according to severity. These sixty treatments include 14 treatments for athetoids and one treatment for hemiplegias, 10 treatments for flexor pattern spastics and fifteen for extensor pattern spastics, with two allied conditions receiving treatment twice a week.

This, I think, is a comprehensive picture of the work done on the treatment side at Baginton Fields School.

Sincere thanks are offered to our kind, understanding Honorary Medical Consultants, for their valuable time and knowledge so freely given.

Miss D. J. Williams, Speech Therapist, reports as follows:—

The number of children being treated in the Speech Therapy Department in this school has remained the same as last year, one session per week being spent by the Speech Therapist at Alice Stevens School.

There have been some changes in Speech Therapy cases, which are now as follows:—

Condition of Speech	*Number of Children*
Dysarthria	14
Dyslalia	9
Stammer	2
Idioglossia	1
Total	26

Over half the children who attend for speech therapy have dysarthric speech (Cerebral Palsied Children). This makes the time-table fairly static, as these children generally need speech therapy for most of their schooldays, or at least for some years.

During the year, four cases have been discharged from treatment with satisfactory speech, a boy who had dyslalic speech, a boy with considerable hearing disability, a boy with a repaired cleft palate, and a sixteen year old girl who had dysarthric speech.

Four other children have now commenced speech therapy in the place of those discharged. These include a boy who has returned from Paybody Hospital after an absence from school and therapy of several months.

The year has been one of good progress in practically all cases, and work will begin next year with the satisfaction of a successful previous year.

Alice Stevens School

Dr. C. T. Howat reports as follows:—

Generally speaking, during the past year, the health of the children, as revealed at Routine Medical Inspection, has been satisfactory. Only one child was transferred to Residential School for Educationally Subnormal Children on account of general debility and unsatisfactory home conditions. Another was sent for convalescence following appendicectomy. It is gratifving to know that there is a definite improvement in the number and degree of dirty heads, though head cleansing still forms an essential part of the school nurse's work.

Routine intelligence tests continue, to check the progress or otherwise of the pupils. One child has been excluded under Section 57 (3), Education Act, 1944, as being incapable of receiving educational benefit, and two more are under consideration.

Each child is examined and tested before leaving school in accordance with Section 57 (5). I can only repeat the desirability of having a trained after-care officer who would conduct friendly after-school supervision other than that provided for under Section 57 (5).

The Headmaster and Medical Officer availed themselves for interviews with parents, who have been co-operative, and the meetings proved mutually satisfying.

Corley Residential School for Delicate Pupils

The Senior School Medical Officer, Dr. M. M. R. Gaffney, reports as follows:—

The number at this school has been reduced by half during the building operations which commenced early in 1956. The new school, catering for children aged 7—16 years, should be available early in 1958.

The children have continued to do well, boys and girls from 7—11 years being admitted for alternate terms. The average weight gain is about 7 lbs. per term for girls and 5—6 lbs. for boys.

There were no outbreaks of infectious diseases during the year; some children had their tonsils removed and eye operations carried out while in residence.

I cannot speak too highly of the conscientious service given to this school by Mrs. Brown, State Registered Nurse. She has been coping with the situation for some time now since the resignation of the State Enrolled Assistant Nurse.

Little medical treatment is necessary at Corley once the children settle down, but they do need constant encouragement and kindly, yet firm and just discipline. Girls have done better than boys at the school during 1956, but then this is inevitably the case for they tend to gain more weight and they have fewer food fads. The girls too are perhaps more co-operative and independent, and nervous disorders such as enuresis usually clear quite quickly.

During 1956, 104 children were accommodated at the school, which is controlled by the Headmistress, Mrs. Spencer. There is only a short waiting list for admission and these cases can usually be dealt with in under three months.

Paybody Hospital Special School

The following is a report from the Teacher in Charge, Miss M. C. Craven:—

"Once again, during 1956, numbers have been very low, with a predominance of short-term patients.

"Of the 102 children who have received orthopædic treatment during the year, 60 have been for periods of less than 3 months.

10 have been for periods of less than 6 months and
32 have been for periods of 6 months and over.

"Long-term treatment (2 years +) has been begun, or continued, for 16 cases of Perthes disease of the hips, whilst other long-term

Child Guidance Centre—Therapy with a Group of Children

treatment has been for various T.B. joint conditions, spastics, a few old polio cases, etc. Short-term patients have been treated for a great variety of minor troubles.

"From an educational standpoint, these latter provide the greatest problem. They do not really have time to settle, and are, quite naturally, looking forward all the time to their departure. As no records come with them, much time is spent in finding their educational level, and in arranging schemes of work which quite frequently are left unfinished. But every effort is made to keep them completely occupied and happy during their stay, however brief it may be.

"All children have received regular dental treatment through the year.

"In spite of rather disappointing weather, lessons have been taken out of doors on every possible occasion, to the great benefit of all concerned."

Child Guidance Centre

Dr. S. W. Gillman, Consultant Psychiatrist, reports as follows:

I am glad to say that the Clinic continues to progress, and suggestions made that would help relieve the number of children needing to be seen have now been accepted.

Individual psychotherapy is still given by my Senior Registrar and Registrar, and there has been no alterations in the times of the Clinics.

The Birmingham Regional Hospital Board has agreed to appoint a children's psychiatrist for Coventry for eight sessions, but at the time of writing, approval has not been received from the Minister of Health.

The psychiatric ward has been opened for six children at the Stratford-on-Avon Children's Recovery Hospital. This, I understand, is to be increased to twelve in time. This is a great help for children up to the age of twelve.

Use has had to be made of Leigh House, which is now not part of the mental hospital, but is a hospital for nervous disorders, and older children can be admitted as to a general hospital.

There only remains the question of accommodation for increased staff, the accommodation being urgently necessary.

I have great hopes for the future for child guidance work in Coventry.

School Psychological Service

Mrs. P. E. Hedges, Educational Psychologist, reports as follows:—

During 1956 the work of the School Psychological Service continued to increase although the limitations of the present premises and shortage of staff have made it necessary to curtail much of the work both in the Child Guidance Centre and in the schools. The growing list of children who await investigation is a cause of concern.

Staff

The full time staff consisted of:—

2 Educational Psychologists (one post was vacant until April)
1 Psychiatric Social Worker.
1 Social Worker.
1 Remedial Teacher (this post was vacant until September).
1 Teacher-in-Charge of the Special Observation and Diagnostic Class.

The Consultant Psychiatrist attended for two sessions each week. His Senior Registrar and Registrar attended for additional sessions when possible. A School Medical Officer attended for one session each week and medical examinations were carried out on 125 children.

Negotiations with the Regional Hospital Board were proceeding at the end of the year with a view to arranging 9 psychiatric sessions each week. The Consultant Psychiatrist agreed to attend an additional session each fortnight to help ease the present position.

It is hoped that in 1957 an Educational Psychologist, two Psychiatric Social Workers and a Remedial Teacher will be appointed to implement the present full time staff.

Referrals

Number of children seen during 1956	339
Number of children awaiting interview at the end of the year	100

Source of Referral

Head Teachers	140
Education Department (Special Services Section)	17
(Primary and Secondary Education)	5
School Health Department (including children referred by Dr. Parry Williams)	92
General Practitioners	34
Probation Officers	21
Children's Department	10
Parents and others	20

Problem as Referred

Educationally Subnormal	65
Educationally retarded children of average or above average intelligence	45
General assessment required by Children's Department on Physically Handicapped Children, on school placement, Secondary Selection, on educability	25
Behaviour, Nervous, and Habit Disorders	176
Enuresis (with no apparent additional disorder)	16
Organic Disorders	12

Disposal After Investigation

General assessment and recommendation only	52
No action taken but noted for review	114
Remedial Teaching	8
Psychotherapy with psychiatrists, group therapy under psychologists, individual therapy by psychologists and parent guidance by social workers	136
For ascertainment as educationally subnormal	22
For admission to Diagnostic and Observation Class	5
Hospital Treatment	1
Medical Treatment	1

116 of the above children were seen by the Psychiatrist

443 follow up appointments were made to check on the progress of children treated early in the year or previous years.

Close liason was maintained with Cromers Close, the Education Authority's Home for maladjusted children. At the beginning of the year there were 13 in residence and 4 were admitted during the year. Five were discharged and one girl was transferred to a residential school for maladjusted children.

The Observation and Diagnostic Class for children under 7 years of age, whose educability is difficult to assess or whose behaviour disorders are such that the children are misfits in an Infant School, received 14 children. Of these 4 were passed to the Mental Health Authority, one was recommended for admission to a residential school for educationally subnormal children, 4 for the day school for educationally subnormal children, and 1 to a residential school for maladjusted children.

Surveys were conducted within the schools but, as in 1955 because of the pressure of work, investigations were not carried out in the cases of children of average intelligence retarded in school work. Of the dull and backward children 86 were seen in the schools in addition to those referred to the Child Guidance Centre. The progress of 189 dull and backward children was checked and in some cases education in a special school for educationally subnormal children was recommended.

Chiropody

Report of Mr. A. T. E. Freke, School Chiropodist:—

"During the year sessions were held on Tuesday afternoons by Miss Leonard and on Wednesday and Friday mornings by myself. An extra clinic was undertaken when necessary to keep the waiting list down, and this now stands at 92, which is rather higher than in previous years.

"Miss Leonard left us on December 18th and Mr. Saxon will be taking over her Tuesday afternoon clinics in 1957.

"A visit was made to Town Thorns during the year, at the request of the headmaster, and the majority of the children were examined and advice given where necessary.

"During 1956 a total of 1,547 treatments were given.

496 new cases were seen

419 patients were discharged

14 patients were referred to the Coventry and Warwickshire Hospital Dermatological clinic for advice.

3 patients were referred to the Orthopædic clinic for further advice and treatment.

Dental Report

Mr. M. Raeside, Principal School Dental Officer, reports as follows:—

"From year to year ever since the commencement of the Health Service in 1948, I have constantly cherished the hope that perhaps one day it would be possible to re-establish an efficient and satisfactory School Dental Service in the City. However, it is with deep regret and bitter disappointment that I again report that no improvement has taken place during the year, and I must therefore confess to a feeling of frustration consequent on this prolonged period with a very depleted staff of only three full time officers instead of an approved establishment of at least twelve. For a short period two local dentists (Mr. Hooper and Mr. Shepherd) were engaged on a sessional basis, but both resigned after completing a total of 142 sessions to start private practice in the City. Whilst fully appreciative and grateful for the valuable assistance given from time to time by part-time officers, it must be realized that such temporary help does very little to ease the present difficult and serious situation.

"Under the circumstances with the present inadequate staff, it has again been only possible to concentrate chiefly on emergency treatment consisting of relieving pain and eradicating sepsis. As a result of this inability to give full comprehensive treatment it is most distressing to observe the marked deterioration in the dental condition of the children, particularly in those of the older age group. Unfortunately, this necessitated the extraction of a high percentage of permanent teeth, and in many instances this involved the loss of the upper front incisor teeth and the fitting of artificial dentures for æsthetic reasons.

"In spite of all advice and appeals for greater care and regular cleansing of the teeth, it is heartbreaking at times to observe the havoc wrought through sheer neglect and apathy on the part of parent and child.

"It cannot be stressed too strongly that the most important time to use tooth brush is *last thing at night* before retiring and *not* on rising in the morning as seems to be the common practice with the majority of children. During the hours of sleep the mouth is at complete rest, and thus affords an ideal condition for the rapid onslaught of caries if foodstuff is adhering to the teeth and surrounding tissues. Advice is given on this very important point at the chairside at the time of treatment but no doubt more could be achieved in this direction in the schools by talks on oral hygiene and dental health generally.

"A more efficient dental service for mothers, young children and school children throughout the whole county is absolutely essential and of paramount importance, and every effort should be made to bring this about without delay. A long term improvement is looked for by the adoption of ancillary staff, but in my opinion such a scheme would bring about no satisfactory solution to the problem. I can only repeat once again and with added emphasis that the only real solution is to make the School Dental Service more attractive to the right type of officer by making it comparable with private practice, and in this way only will it be possible to give the required treatment to that section of the community for which the service was primarily intended.

"Full details of the various forms of treatment carried out during the year are given in the accompanying table".

	Primary and Secondary	*Infant Welfare*	*Ante-Natal*	*Totals*
Fillings—Permanent ..	4,136	—	1	4,137
Fillings—Temporary ..	179	3	—	182
Extractions — Permanent	3,498	—	15	3,513
Extractions — Temporary	9,566	421	—	9,987
Other operations ..	858	4	4	866
Administration of General Anæsthetics	1,839	142	5	1,986
Attendances	12,069	331	26	12,426

Ear, Nose and Throat Sessions

Mr. P. E. Roland, Ear, Nose and Throat Consultant, reports as follows:—

"During 1956 I have again held a weekly Ear, Nose and Throat Clinic at the Central School Clinic and a large number of children have been seen. The accumulation of work which had led to long waiting times for appointments and for operative treatment had been dealt with in previous years and there is now very little delay for either.

"As the infective conditions of the middle ear are being treated more effectively by anti-biotics and require surgical treatment less frequently, the functional results of these conditions are given more consideration and plastic operations on the tympanic membrane have been carried out on a number of children during the past year with promising results.

"Much of the work could not have been done without the help and skilful treatment given by the School Nurses, particularly Nurse George, and I should like to thank them and Mr. Kander, Mr. Ogilvy Reid and Miss Morris of the Coventry and Warwickshire Hospital for their co-operation".

Ear, Nose and Throat Sessions

Mr. W. Ogilvy Reid, Ear, Nose and Throat Consultant, reports as follows:—

I have very little to add to my previous reports in connection with the Ear, Nose and Throat Clinic at Gulson Road.

Sessions have continued throughout the year and I have endeavoured to do a clinic once a month. Mr. Roland, who reports elsewhere, carries out weekly sessions at the Clinic.

I would like to convey my thanks to the staff at the Central School Clinic, particularly to the School Nurse who carries out certain treatment on cases recommended by me. My thanks are also due to the Audiometrician at the Coventry and Warwickshire Hospital for dealing with cases referred for audiometric tests. This liaison between the Hospital Management Committee and the staff at the School Clinic is much appreciated.

Heart and Rheumatic Clinic

Dr. H. Parry Williams reports as follows:

During the year eighteen new cases were seen at this clinic, the diagnoses being as follows:

Functional Heart murmurs	8
Rheumatic conditions:	
Mitral valve disease	1
Aortic regurgitation	1
Congenital diseases:	
Pulmonary stenosis	1
Aortic stenosis	1
Ventricular septal defect	2
Aortic co-arctation	2
Asthma (allergy-rheumatic)	1
Chest deformity	1

One of the main functions of this clinic, apart from the diagnosis of cardiac murmurs, has been to stress the importance of children being allowed to live normal lives, except in a minority of cases. Thus, unnecessary cardiac invalidism is avoided.

Dr. Gray continues to join Dr. Davison and myself at our screening clinic, thus ensuring that children leaving school have continuity of observation.

Surgery for congenital cardiac defects is still pogressing, and it is important that these children should be seen at regular intervals. Catheterisation has been porformed on several children by Dr. Davison, to whom we are very grateful. We are also very grateful to Mr. Collis and Mr. Abbey Smith, who carry out the surgery.

A number of cases of congenital heart disease attend the hospital out-patients' department, and the above figures do not, therefore, represent all the new cases seen. It is hoped one day to collect all these cases together in one clinic.

In conclusion, I would like to express my thanks to Dr. Clayton and his staff for their co-operation during the year.

Orthopædic Arrangements

The arrangements regarding the orthopædic defects have continued throughout the year and the Coventry Paybody Orthopædic Clinic (Regional Hospital Board) has continued to carry out good work for children suffering from orthopædic defects.

Cases are referred for orthopædic advice by School Medical Officers, General Practitioners and the School Chiropodist. Some cases are referred back for special educational treatment, such as admission to Baginton Fields School, home tuition, and cases where special transport is considered necessary. All Head Teachers are advised of any special recommendation, especially when it is considered advisable that the pupil concerned should not take part in competitive exercises or games.

It will be seen from the following table that a total number of 497 cases were seen during the year, and the required treatment was carried out, such as remedial exercises under supervision, massage, physiotherapy and surgical appliances. Some cases were also referred for operation.

Miss Smith, secretary at Paybody Orthopædic Clinic, continues to submit weekly reports showing the specialists' diagnoses and the type of treatment proposed. We are indeed most grateful for this information which is, needless to say, of considerable assistance to my medical officers, especially those dealing with the ascertainment of physically handicapped pupils.

TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPAEDIC CLINIC

Year ended December, 1956.

	Boys.	*Girls.*	*Total.*
Achilles tendon strain	—	1	1
Bunions		1	1
Bursa	5	5	10
Cerebral palsy—right sided hemeplegia	—	2	2
Chondritis	1	—	1
Chondromalacia	—	1	1
Crepitus	—	3	3
Curled toes	1	1	2
Cyst	1	—	1
Deformed toes and feet	4	2	6
Diaphysial aclasia	—	1	1
Discoid cartilage	1	2	3
Epiphysitis	5	2	7
Exostosis	2	4	6
Foot strain	1	4	5
Ganglion	—	6	6
Genu valgum	6	7	13
Genu varum	1	—	1
Haematoma	—	1	1
Hallux rigidus	—	6	6
Hallux valgus	2	21	23
Hammer toe	4	7	11
Ingrowing toe-nail	2	2	4
Kohlers disease	1	—	1
Kyphosis	2	2	4
Lordosis	—	1	1
Metatarsalgia	—	2	2
Metatarsus varus	—	5	5
Muscular strain	4	3	7
Neuro fibroma	1	—	1
Osgood Schlatters disease	7	—	7
Osteochondritis	2	1	3
Osteomyelitis	1	—	1
Overiding toes	—	1	1
Overlapping toes	—	1	1
Perthe's disease	1	1	2
Pes cavus	5	1	6
Pes planus	31	26	57
Pin toed gait	—	1	1
Plantarfascia strain	1	—	1
Poliomyelitis	3	1	4
Poor posture	—	3	3
Postural curve	—	1	1
Pre-patella bursitis	1	—	1
Sacro-iliac strain	—	1	1
Scoliosis	—	2	2
Spastic paraplegia	—	1	1
Spina bifida occulta	1	1	2
Splayed feet	1	—	1
Spondylolisthesis	—	3	3
Supracondylar fracture	1	—	1
Talipes Equino Varus	1	—	1
Tenosynovitis	1	1	2
Toes turn in	2	2	4
Torticollis—left sided	—	1	1
„ right sided	—	1	1
Toxic arthritis	—	1	1
T.B. Hip	—	1	1
T.B. Knee	—	1	1
T.B. Spine	—	1	1
Valgoid ankles	25	18	43
Valgoid feet	3	2	5
Valgoid heels	9	5	14
Varus fore-feet	1	—	1
Miscellaneous	98	87	185
	239	258	497

Speech Therapy

The following is a report from Miss B. Carr, Speech Therapist:—

"During the past year attendances at Gulson Road School Clinic have been good and the children and mothers have co-operated very well. Most of the cases have a weekly appointment but occasionally a child has attended twice a week and this has proved beneficial.

"Owing to pressure of work at Baginton, Miss Williams was unable to continue her weekly session at Gulson Road after Easter. Her cases were handed over to Mrs. Bell and myself.

"In the summer we had an opportunity to observe the Deaf Class at Spon Gate School. This proved to be most interesting and instructive. The children appeared to be making excellent progress and were happy and self-confident. Two children, who I already knew, had made considerable progress in their talking since attending Spon Gate School"

Mrs. P. Bell, Speech Therapist, reports as follows:—

"In each of the outlying speech clinics, and at Gulson Road School Clinic, work has gone on smoothly and well in the past year. Several children have been temporarily discharged during this period, and have returned for further short courses of treatment before being finally discharged. This break from treatment does much to ensure that there will be no 'relapse' when the regular stimulus of weekly visits cease. During the time when one child is thus 'temporarily discharged', another may begin treatment, and, in turn, be ready for a 'rest' by the time the first child is recalled. In this way, inroads have been made upon the lengthy waiting lists, to which names are always being added.

"Since October, 1956, Town Thorns Residential School has been visited regularly on Monday mornings. About ten children receive speech therapy, the defects ranging from slight confusion of consonant combinations to one case of very delayed and babyish speech.

"In the three schools where there are speech therapy centres, *i.e.*, Courthouse Green, Howes and Stoke Heath, co-operation from the staff has been a considerable factor in understanding more fully each child, and throughout the year further contacts with other schools have been established by telephone. It is hoped that in the future more schools may be visited".

Diphtheria Immunisation

During the year the School Medical Officers have continued to visit Primary Schools for the purpose of diphtheria immunisation, and a special session has been arranged on a Saturday morning at the Central School Clinic. A School Medical Officer is in attendance there to deal with any special requests for immunisation which might be received from the parents.

During the year 1,519 children received primary injections, and 2,729 children were given booster doses.

The following table shows the incidence of diphtheria in Coventry up to and including December, 1956.

Year	*Cases*	*Number of deaths of which none were immunised*
1946	115	4
1947	53	2
1948	12	Nil
1949	12	2
1950	7	Nil
1951	3	Nil
1952	Nil	Nil
1953	Nil	Nil
1954	Nil	Nil
1955	2	Nil
1956	Nil	Nil

Wyre Farm Camp School

Dr. P. N. Stanbury reports as follows:—

"75 new boys entered the school during 1956, and there were 146 boys in residence at the end of the year.

"Matron (Miss Wakelin) and Nurse (Miss Richards) were as usual active in treating the early stages of minor ailments, but most of the boys have kept very fit and suffered nothing more than occasional colds and sore throats. The Autumn term was remarkably free from illness, and very few cases were admitted as in-patients to Sick Bay. Only three cases of middle ear infection were seen, and the reduced incidence of these cases is gratifying. Twenty-three visits to Kidderminster Hospital were necessary mainly for treatment of accidents, orthopædic and ophthalmic cases; our thanks are due to the consultants and staff for their help.

"A walking tour for twenty boys in April, and a canoeing holiday for nine others (in school-made canoes) were much enjoyed, and this type of activity is undoubtedly useful in promoting positive health".

Milk and Meals in Schools during 1956

Miss Butler, School Meals Organiser, reports:—

4,378,723 meals (3,956,169 children's meals and 422,554 adults' meals) were served during 1956, an increase of 343,567 since 1955. The daily average in January, 1956, was 23,147 and in December, 1956, it was 23,465. 45.16% of the number on roll were having meals when the last return was made to the Ministry in October, 1956.

The following new kitchens were opened:—

Edgwick		September, 1956
Foxford	(1 Canteen)	September, 1956
Foxford	(1 Canteen)	November, 1956
Caludon Comprehensive	(2 additional Canteens)	September, 1956
Woodlands Comprehensive	(1 additional Canteen)	September, 1956
Whitley Abbey Comprehensive	(1 additional Canteen)	September, 1956
Holbrooks		December, 1956
Coundon Court Comprehensive	(2 Canteens)	September, 1956

According to statistics, called for by the Ministry of Education on one specific date during October, 1956, the number of children present at school and receiving milk was 39,018 (including 1,954 at independent schools).

Physical Training

The following is the report from the Organisers of Physical Training (Mrs. G. W. Grant and Mr. A. Stokehill):

"The general shortage of specialist teachers in the country affects Physical Education in the schools very adversely. It has been calculated that in the secondary schools alone a further 15 men and women specialists would be employed if they were available. This means that at the moment full advantage cannot be taken of the better facilities which schools are being given. Fortunately, this shortage will not be permanent. It is due in the main to the bulge in the birth rate during the war years. This bulge has now reached the secondary schools. It is hoped that 1960 onwards will produce a steady improvement in supply and as a result, in progress.

"In spite of this lack a great deal of devoted work is going on and teachers all over the city, whose chief interests and abilities may lie in other directions, are stepping into the breach.

"In primary schools specialisation in any form is a rarity and most teachers are responsible for teaching all class subjects. Over a period of years a good deal of large apparatus has been provided and the additional enthusiasm this has engendered has led to a demand for more training and knowledge. Consequently several courses have been arranged for teachers and these have been well attended. The results are now being seen in the schools.

"One of the outstanding events of the year educationally was Education Week. It was hoped to show to the general public, by a central exhibition and open days, the complete educational system in Coventry."

"In order to show the physical education aspects many schools included demonstrations of all types of work in their open days.

"Centrally, demonstrations (not displays) were arranged at the main exhibition at the Drill Hall. These were given by boys and girls of all ages from 5 to 15 years in the gymnastics and movement training leading to apparatus work, and movement training allied with music leading to various dance forms. The continuation of this work after school years was shown by groups from youth centres and adult classes showing men's and women's Keep Fit and recreational work. Land drill for swimming and life saving was also shown. All these demonstrations had explanatory commentaries.

"The games side of physical education in schools was shown by a demonstration at the Memorial Park one evening of games practices and coaching, leading to all the major games and sports:—rugger, soccer, hockey, cricket, rounders, tennis, field and track athletic events.

"At Livingstone Road Baths a session of lecture demonstrations was arranged. Classes of boys and girls from non-swimmers to proficient swimmers showed the form and stages of class instruction.

"It was hoped that by the end of the week anyone who had attended all or some of these sessions would have a good understanding of the aims, principles, and modern methods in physical education and what it is hoped to achieve in Coventry.

"We wish to record our thanks to the small planning committee consisting of teachers, leaders and officials of the Coventry Schools Sports Federation with whose co-operation and hard work the events of the week were accomplished.

"Last year a good deal of the Physical Education report was given over to swimming. Enthusiasm continues for this subject but as long as Coventry only has one indoor swimming bath a good deal of frustration arises. The great need in this city is for more public swimming baths and for instruction baths in schools. The following certificates were awarded during the year:—

Boys		
	Preliminary	896
	Intermediate	221
	Advanced	52
	Speed	37
Girls		
	Preliminary	1,059
	Intermediate	281
	Advanced	40
	Speed	25

"During 1956 it was possible to hire two squash courts for one hour on four afternoons per week. This has allowed a few senior children to enjoy a further out-of-school activity. Results so far are very promising.

"Another experiment was the taking of 104 children to Switzerland for a Winter Sports holiday. Six weeks prior to date of departure all the children commenced indoor ski-ing exercises and they were given lists so that they could carry on with the training at home. The work done prior to departure proved to be extremely valuable on arrival on the ski slopes and the progress made by some children was most impressive.

"Children from the city continue to be selected to represent City, County, Territory and Country in the Major Games and Sports. Our thanks must again be expressed to the masters and mistresses who give so unstintingly of their time and energy in and out of school hours to continue this valuable work.

"We wish to record our thanks to Head Teachers and to all members of staff with whose help and co-operation this continued progress in physical education is possible".

Secondary Grammar Schools

The following number of medical examinations in respect of new entrants were conducted during the year:—

Bablake	94
Barr's Hill	88
Junior Art	32
King Henry VIII	115
Stoke Park	90
Ullathorne (Boys)	38
Ullathorne (Girls)	37
Total	494

Medical Examination of Entrants to Training Colleges and the Teaching Profession

As in previous years and in accordance with the Ministry of Education Circulars 248 and 249, Medical Officers have continued to examine candidates for entrance into training colleges and also temporary unqualified teachers. Several teachers have been examined at the request of the Authorities to which they have been appointed. In every case a chest x-ray examination has taken place and the appropriate forms completed and passed to the Director of Education.

I greatly appreciate the assistance of Dr. Gordon Evans, Chest Physician of the Mass Radiography Unit, for the very helpful reports which are submitted following the examinations on miniature film and for arranging large film examinations in certain cases. During the year 146 candidates were examined for entrance into training colleges, and 85 for direct entrance into the teaching profession.

INFECTIOUS DISEASES

Age group 5 and under 15 years

Figures are also given for comparison with the previous year.

	1956.	*1955.*
Scarlet Fever	114	194
Acute Anterior Poliomyelitis:—		
(non-paralytic)	5	7
(paralytic)	4	3
Cerebro-spinal Fever	1	1
Paratyphoid Fever (B)	2	2
Acute Primary Pneumonia	12	14
Acute Influenzal Pneumonia	2	2
Dysentery	638	67
Food Poisoning	38	35
Erysipelas	1	—
Measles	49	1,805
Whooping Cough	435	245
Pulmonary Tuberculosis	29	36
Non-pulmonary Tuberculosis	10	2
Diphtheria	—	2

Sonne Dysentery

Cases of sonne dysentery began to be reported in the City of Coventry in February, 1956, affecting particularly children up to the age of 15 years. The incidence increased in the first and second quarters of the year and then ascertained cases fell dramatically with the closure of the schools for the summer vacation. On re-opening the schools in early September, cases amongst school children again rose and notifications averaged approximately 15 per week until a particularly extensive outbreak occurred affecting the pupils of three schools —St. John Fisher, Stoke Heath and Wood End.

Of these, St. John Fisher was most seriously affected and it concontributed 50 out of the 82 cases ascertained in the city for the week ending 8th December. The total absentee rate for this school at that date was 120 out of a school population of 380. The 120 absentees were investigated and by the week ending 22nd December, bacteriological evidence of sonne dysentery was positive in 72 cases. Meanwhile on 11th December, after consultation between the Medical Officer of Health, the Director of Education and the Headmaster it was advised that the school be closed. Thereafter the cases continued to decline to 60 for the week ending 5th January, 1957, and 39 for the week ending 12th January, 1957. By the 5th February, 1957, 13 of these cases were still excreting dysentery organisms and therefore excluded from school, which had re-opened after the Christmas holiday on the 8th January, 1957.

The epidemic persisted in the face of a hygiene campaign carried on in all schools from the early spring of the year when a general replacement of roller towels by individual paper towels was instituted and there was careful attention to hand washing after use of the toilets and before meals. This campaign was intensified after the summer holiday and antiseptic rinses were provided for hand dipping after washing and teachers supervised the washing ritual. At the same time lavatories were cleaned out, seats and flushing handles and door handles washed with antiseptic several times a day by school caretakers, and health visitors made repeated visits to schools to give advice and see that contacts and cases were excluded from school until negative specimens had been confirmed by the Public Health Laboratory Service.

Deaths of Children of School Age—5 years to 15 years are as follows:—

Non-pulmonary tuberculosis	1
Meningococcal Infection	1
Other infective and parasitic diseases	2
Lymphatic Neoplasms	2
Leukemia and Aleukemia	3
Other diseases of respiratory system	1
Nephritis and nephrosis	2
Other defined and ill-defined diseases	2
Motor Vehicle Accidents	1
Other Accidents	4
Total	19

Clinic Sessions

The current arrangements in regard to clinic sessions are set out below:—

Central School Clinic, Gulson Road.

Minor Ailment Clinics, each afternoon and Saturday mornings.
Cleansings each morning.

Medical Officer appointments:—
By arrangements, Monday to Friday.
Saturday mornings.

Chiropody:—
By appointment Tuesday afternoon, Wednesday and Friday mornings.

Child Tuberculosis Contact Clinic:—
Friday mornings.

Dental Clinic:—
By appointment each day and Saturday mornings.

Ear, Nose and Throat Clinic:—
By appointment Monday afternoons and in addition every fourth Wednesday afternoon.
Treatment sessions every afternoon (includes "infra-red" treatment).

Ringworm—X-ray treatment:—
By appointment at Coventry and Warwickshire Hospital.

Scabies Clinic:—
Each day, Monday to Friday.

Speech Therapy:—
Each day, Monday to Friday.

Sunlight Clinic:—
Tuesday mornings and Friday afternoons.

Heart and Rheumatic Clinic:—
By appointment alternate Thursday afternoons.

Branch Clinics.

Longford Park:—

School Medical Officer attends by arrangement.
School Nurse in attendance every afternoon (except Thursday).

Templars:—

School Medical Officer attends by arrangement.
School Nurse in attendance every afternoon.

Binley:—

School Medical Officer attends by arrangement.
School Nurse in attendance Tuesday afternoons from 2 p.m.

Stoke Heath:—

School Nurse in attendance Thursday afternoons.

ATTENDANCES AT SCHOOL CLINICS DURING 1956

Conditions	Central Clinic Gulson Road		Binley School Branch Clinic		Longford Park Branch Clinic		Templars' Branch Clinic		Wyken Croft Branch Clinic		Stoke Heath Branch Clinic	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
Skin :—												
Ringworm—scalp												
X-ray treatment	—		—		—		—		—		—	
Other treatment	—		—		—		—		—		—	
Ringworm—body	6		—		—		—		—		—	
Scabies	—		—		—		—		—		—	
Impetigo	50		2		16		64		—		—	
Other skin diseases	31		18		22		107		7		1	
Eye diseases :—												
Blepharitis ..	1		—		—		31		—		—	
Conjunctivitis ..	18		—		6		100		—		1	
Styes	16		7		18		147		6		1	
Other	—		1		—		119		—		—	
		2487		476		1736		4946		611		19
Ear defects :—												
Otorrhoea ..	24		2		5		—		—		4	
Wax	35		2		4		5		—		—	
Other	21		—		—		98		—		—	
Miscellaneous :—												
Septic conditions	118		31		28		260		118		—	
Skin infections ..	1		84		28		569		50		1	
Boils	36		8		23		204		4		—	
Chilblains ..	4		—		7		151		—		—	
Warts	16		19		7		105		100		—	
Injuries	77		79		249		877		18		3	
Other conditions	252		26		210		997		95		3	
TOTALS	706	2487	279	476	623	1736	3834	4946	398	611	14	19

Ministry of Education
MEDICAL INSPECTION RETURNS
Year ended 31st December, 1956

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. Periodic Medical Inspections

Entrants	4036
Second Age Group	4173
Third Age Group	2345
Total	10554
Additional Periodic Inspections	3355
Grand Total	13909

B. Other Inspections

Number of Special Inspections	822
Number of Re-inspections	822
Total	1644

C. Pupils found to require Treatment

Age Groups Inspected	Defective Vision (excluding squint)	Any Other Conditions Recorded in Table 3	Total Pupils
Entrants	58	356	412
Second Age Group	146	204	349
Third Age Group	92	57	149
Total	296	617	910
Additional Periodic Inspections	129	232	361
Grand Total	425	849	1271

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups recorded in Table 1A

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col.(2)	No.	% of Col.(2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	4036	3967	98.290	69	1.710
Second Age Group	4173	4134	99.066	39	.934
Third Age Group	2345	2337	99.659	8	.341
Additional Periodic Inspections	3355	3304	98.480	51	1.520
Total	13909	13742	98.799	167	1.201

Table II

Infestation with Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	103123
(ii)	Total number of individual pupils found to be infested	1112
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1112
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act, 1944)	—

Ministy of Education

MEDICAL INSPECTION RETURNS

Table III

Return of Defects found by Medical Inspection in the year ended 31st December, 1956

A. Periodic Inspections

Defect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	3	2	3	1	10	3
5	Eyes—						
	(a) Vision ..	58	17	32	14	425	130
	(b) Squint ..	21	6	1	–	30	6
	(c) Other ..	11	3	2	–	26	3
6	Ears—						
	(a) Hearing ..	14	7	1	–	28	17
	(b) Otitis Media	5	1	–	–	9	2
	(c) Other ..	14	1	2	–	27	2
7	Nose and Throat ..	89	43	12	1	178	60
8	Speech	37	19	1	–	60	28
9	Lymphatic Glands	–	–	–	–	2	–
10	Heart	7	6	1	3	11	17
11	Lungs	36	13	6	1	84	33
12	Developmental—						
	(a) Hernia ..	–	–	–	–	–	1
	(b) Other ..	11	14	3	2	28	36
13	Orthopaedic—						
	(a) Posture ..	1	–	1	–	8	3
	(b) Feet	18	6	3	–	59	13
	(c) Other ..	13	4	6	–	52	7
14	Nervous System—						
	(a) Epilepsy ..	–		1	–	3	2
	(b) Other ..	8	2	–	–	17	–
15	Psychological—						
	(a) Development	6	3	3	–	32	8
	(b) Stability ..	2	–	–	–	18	4
16	Abdomen	3	–	–	–	4	–
17	Other	60	47	34	17	174	107

Table III (continued)

B. Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	1	—
5	Eyes—		
	(a) Vision	22	15
	(b) Squint	4	—
	(c) Other	—	—
6	Ears—		
	(a) Hearing	7	2
	(b) Otitis Media ..	—	—
	(c) Other	6	—
7	Nose and Throat	5	3
8	Speech	8	5
9	Lymphatic Glands ..	—	—
10	Heart	1	—
11	Lungs	5	5
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	3	—
13	Orthopaedic—		
	(a) Posture	—	—
	(b) Feet	3	4
	(c) Other	1	1
14	Nervous System—		
	(a) Epilepsy	—	1
	(b) Other	3	—
15	Psychological—		
	(a) Development ..	35	—
	(b) Stability	2	1
16	Abdomen	—	—
17	Other	18	10

Ministry of Education

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956

Table IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

GROUP I

EYE DISEASES, DEFECTIVE VISION and SQUINT

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of refraction (including squint) ..	—	3140
TOTAL	—	3140
Number of pupils for whom spectacles were prescribed	—	1814

GROUP II

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	237
(c) for other nose and throat conditions	—	—
Received other forms of treatment ..	183	—
TOTAL	183	237
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	—	17
(b) in previous years (1953-55) ..	—	25

GROUP III

ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	—	495

Group IV

Diseases of the Skin
(excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	7
Scabies	—
Impetigo	145
Other skin diseases	174
Total	326

Group V

Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	324 (cases seen by Psychiatrist and Psychologist, excluding purely educational cases)

Group VI

Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	135

Group VII

Other Treatment Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	4935
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	48
(c) Pupils who received B.C.G. vaccination	1847
(d) Other than (a), (b) and (c) above—	
1. Chiropody	496
2. Ears	191
3. Eyes	472
4. Ultra Violet Light ..	73
Total (a) - (d)	8062

Ministry of Education

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956

Table V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) At periodic inspections	338
	(b) As specials	8131
	TOTAL (1)	8469
(2)	Number found to require treatment	8040
(3)	Number offered treatment	8040
(4)	Number actually treated	7885
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	12069
(6)	Half-days devoted to—Periodic (School) Inspection ..	6
	Treatment	1581
	TOTAL (6)	1587
(7)	Fillings : Permanent Teeth	4136
	Temporary Teeth	179
	TOTAL (7)	4315
(8)	Number of teeth filled : Permanent Teeth	3208
	Temporary Teeth	159
	TOTAL (8)	3367
(9)	Extractions : Permanent Teeth	3498
	Temporary Teeth	9566
	TOTAL (9)	13064
(10)	Administration of general anaesthetics for extraction ..	1839
(11)	Orthodontics :	
	(a) Cases commenced during the year	21
	(b) Cases carried forward from previous year..	54
	(c) Cases completed during the year	9
	(d) Cases discontinued during the year	1
	(e) Pupils treated with appliances	62
	(f) Removable appliances fitted	33
	(g) Fixed appliances fitted	11
	(h) Total attendances	806
(12)	Number of pupils supplied with artificial dentures	28
(13)	Other operations :	
	Permanent teeth	715
	Temporary teeth	143
	TOTAL (13)	858

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1956 :—										
A. Handicapped Pupils **newly placed** in Special Schools or Boarding Homes	4	3	2	8	122	28	38	4	2	211
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding Homes	2	3	2	9	148	26	70	7	4	271
On or about 31st December, 1956 :—										
C. Number of Handicapped Pupils from the area :—										
(i) attending Special Schools as—										
(a) Day Pupils	–	23	–	8		144	197	–	–	372
(b) Boarding Pupils	9	6	23	5	54	2	73	–	15	195
(ii) attending independent schools under arrangements made by the Authority	–	–		–	–	–	–	2	–	2
(iii) boarded in homes and not already included under (i) or (ii)	–	–	–	–	–	–	–	12	–	12
Total C	9	29	23	13	54	146	270	22	15	581
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(i) in hospitals	–	–	–	–	25	–	–	–	–	25
(ii) in other groups (e.g., units for spastics) ..	–	–	–	–	–	–	–	–	–	
(iii) at home	–	–	–	–	1	8	1	–	–	10
E. Number of Handicapped Pupils from the area requiring places in special schools :—										
(i) day	–	–	–	3	–	4	119	–	–	126
(ii) boarding	1	1	–	2	39	–	9	7	2	61

F. Number on registers of hospital special schools—26.

G. Number of children reported during the year :— (a) under Section 57 (3) (excluding any returned under (b))—11 ; (b) under Section 57 (3) (relying on Section 57 (4)—0 ; (c) under Section 57 (5)—29 ; of the Education Act, 1944.

H. During the financial year ended 31st March, 1956, the amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school was £835.

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